		CLAIMS AS	S FILED - (Column			ımn 2)	SMALI TYPE	L EN	ΙΤΙΤΥ	OR	OTHER SM. LL	
ТО	TAL CLAIMS						RAT	E	FEE] [RA', E	ſ
FO	R		NUMBER F	ILED	NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	. 71
TO	TAL CHARGEA	BLE CLAIMS	/2 min	us 20=	*		X\$ 9)=	/	OR	X\$18=	
IND	EPENDENT CL	AIMS		nus 3 =	*		X40		 		X80=	
		DENT CLAIM P						_	 	OR		
<u> </u>	Al 1!44	In a livery 4.1	ا معالم معالم	10 0545	. "O" !	andrum = C	+135)=		OR	+270=	,
* If		in column 1 is				column 2	TOT	٩L		OR	TOTAL	
0	/ CI	(Column 1)	MENDED	(Colur	mn 2)	(Column 3)	SMA	LL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	A TI
POM	Total	•	Minus	**		=	X\$ 9)=		OR	X\$18=	
ME	Independent	•	Minus	***		=	X40	=		OŘ	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM					1	+270=	
	7				•		+135)= TAL		OR	TOTAL	ļ
DMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	mn 2) HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	A TI
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
AMEN	Independent	*	Minus	***		=	X40	 =		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIN	1]	-		1		H
		Prof. St. Company	* .				+13)= TAL		OR	+270= TOTAL	L
	andt D						ADDIT.			OR	ADDIT. FEE	L
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	1		4001	1		
		REMAINING			MBER	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	TI
ENTC		AFTER AMENDMENT	•		FOR		-			•	V242	
	Total	AFTER	Minus		FOR	->>	X\$ 9)=		OR	X\$18=	
	Independent	AFTER AMENDMENT * 15 * 2	Minus	** 2	0 FOR 0		X\$ 9			1	X\$18= X80=	
AMENDMENT C	Independent FIRST PRESE	AFTER AMENDMENT * 15 * 2 ENTATION OF M	Minus	** 2	0 FOR 0		X40	=		OR	X80=	
AMENDMENT	Independent FIRST PRESE	AFTER AMENDMENT * 15 * 2	Minus IULTIPLE DE	PAID ** 2 *** 2 PENDEN umn 2, writ	FOR O S T CLAIN te "0" in c	A D.	+135	=		1		

								Application or Docket Number					
	PATENT A		N FEE DI e Novemb	ON RECOR	D		79/	117	150	- /			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ALL PE	ENTITY	OR	OTHER SMALL	
FC	R		NUMBER FILED NU			IUMBER EXTRA			TE	FEE	1	RATE	FEE
ВА	SIC FEE									380.00	OR		760.00
то	TAL CLAIMS		12	minus 2	20= *			X\$	9=		OR	X\$18=	
INDEPENDENT CLAIMS / minus 3 = *							ХЗ	9=		OR	X78=		
MU	LTIPLE DEPEN	CLAIM PI	RESENT		+13	30=		OR	+260=				
* If	the difference	ımn 1 is	less than ze	olumn 2	TO	ΓAL		OR	TOTAL	1066			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									OTHER T				
AMENDMENT A		CL REM AF	AIMS AINING TER IDMENT	n Hoder	HIGHEST NUMBER PREVIOUSI PAID FOR	<u>_</u> Y	PRESENT EXTRA	RA	-	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE
NDM	Total	* /	V	Minus	** 20		=/	X\$	9=		OR	X\$18=	
AME	Independent	*	/	Minus	*** >			Х3	9=		OR	X78_	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								0=		OR	+260=	
									OTAL FEE		OR	TOTAL ADDIT. FEE	
		(Col	u <u>mn 1)</u>		(Column 2	2)	(Column 3)						
NDMENT B	4830	REM Al	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	LY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· /	2	Minus	-20		= /	X\$	9=		OR	X\$18=	
AMEND	Independent FIRST PRESE	* /	ON OF M	Minus	*** 3	AIM	1	X3:	9=		OR	X78=	
	FINOT FRESE	.NIAIR	DIA OF IM	OLITEE DE	- ENDERT OF	Alla!		+13	0=		OR	+260=	
								T(OTAL FEE		OR	TOTAL ADDIT. FEE	
		(Col	umn 1)		(Column 2	2)	(Column 3)						
AMENDMENT C	a a grafi i proje	REM Ai	AIMS AINING FTER IDMENT	e de la companya de l	HIGHEST NUMBER PREVIOUSI PAID FOR	LY \	PRESENT EXTRA	RA	re (ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	* /	2	Minus	** 0		=	X\$	9=		OR	X\$18=	
AME	Independent FIRST PRESE	* /	ON OP-MI	Minus ULTIPLE DEF	PENDENT CL	AIM	=	X39	9=		OR	X78=	
	····O····	AIK	2.1 01 141			- 4141		+13	0=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "High st Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE											OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, nter "3." \ Th "Highest Number Previously Paid For" (Total or Indep Indent) is the highest number found in the appropriate box in column 1.													
E													

FORM PTO-875 (Rev. 11/98)